



APPLICATION FOR TRANSITIONAL LIVING

*Applications will not be accepted more than 45 days from date residency is needed.
All Clients will be required to find gainful employment within 30 days of admittance.
Branch15 is a Faith-Based Organization.*

Date of Application _____ Date Acceptance into the house is needed _____

Last Name _____ First Name _____ MI _____

Preferred Nickname _____ Who referred you to the Branch _____ DOC # if applicable _____

Military ID # if applicable _____ Military Dates of Service _____ Location Served _____

Address _____
Street/PO BOX _____ City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Date of birth ____ / ____ / ____ Age _____ Social Security # ____ - ____ - ____

Marital Status: Married Civil Union Divorced Separated Widowed Never Married

Emergency Contact _____ Phone _____ Relationship _____

DOCUMENTATION

Do you have your: Social Security Card Yes No Birth Certificate Yes No

TRANSPORTATION

Driver's License # _____ Valid/Current Expired Suspended

Do you have a car? Yes No Year _____ Make _____ Model _____

Color _____ License Plate Number _____ Value _____

Is your insurance current? Yes No Insurance Company _____

If you do not have a car, what are your plans for transportation? _____

EDUCATION

Grade in school completed _____

Do you have a GED High School Diploma College Credits/Diploma

Describe any job training, certificates or education you have completed _____

CURRENT EMPLOYMENT

Are you currently employed Yes No Location? _____

Supervisor name _____ Phone number _____

PREVIOUS EMPLOYMENT

Business Name	Complete Address	Phone Number
Supervisor	Dates Employed	Reason for Leaving
Business Name	Complete Address	Phone Number
Supervisor	Dates Employed	Reason for Leaving

LEGAL INFORMATION

Have you ever been convicted of a crime (felony/misdemeanor)? Yes No

Are you on probation? Yes No Are you on parole? Yes No

Are you in any legal trouble (outstanding tickets, hot checks, court fines)? Yes No

If yes, explain _____

How much do you owe in legal fines? _____ Are you making payments? Yes No

HEALTH INFORMATION

Do you have a mental health diagnosis? Yes No

If yes, please provide details _____

Have you ever been emotionally, physically, sexually or spiritually abused?

Are you currently in counseling? Yes No

PRESCRIBED MEDICATIONS	DOSAGE AMOUNT	FREQUENCY

Have you been through treatment for addiction? Yes No

If yes, where? _____

Facility Name	Address/City/State/Zip Code	Did you complete the program?
Start Date	End Date	Case Worker

If not, why? _____

Do you (smoke) Yes No or (vape)? Yes No

Is there a possibility you could be pregnant? Yes No

Are you currently receiving disability benefits? Yes No

Will you be applying for disability benefits in the next 12 months? Yes No

Do you have a medical or emotional issue that would prevent you from working a minimum of 35 hours per week? Yes No If yes, what is the reason? _____

FINANCIAL INFORMATION

Do you have medical insurance? Yes No Do you receive food stamps? Yes No
 Do you understand that Branch15 receives monthly **program fees** in the amount of \$350? Yes No
 Could you pay this amount on the 1st of the next month? Yes No

PERSONAL INFORMATION

Do you currently attend church? Yes No If so, where _____
 Do you have children not in your custody? Yes No
 If so, please explain the situation _____

List three (3) character references. You may only use one family member and one friend. Others would include coworkers, landlords, sponsors, mentors, ministerial staff, etc.

Name	Relationship	Phone Number

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Branch15 A Plan to Change Worksheet

I need to make a change and the reason are:	
The following goals will help me make these changes:	
Actions I can take to help me with my goals are: Specific Action	When
People who are interested in helping me achieve my goals are: Person:	Possible ways to help
Difficulties that may obstruct my goals and how I can manage them are: Obstacle to change	Possible ways to help

Ways to recognize my goals are working are:

Branch 15 assists clients with:

- Integrating Faith into daily living.
- Necessary transportation to meet the Program requirements.
- Organizational skills to successfully re-enter independent living.
- Creating and maintain Individual Service Plan.
- Budgeting skills
- Job searching
- Healthy conflict resolution
- Access to proper medical care
- Access to counselling services

Client and House Guidelines

- Clients work with their Program Manager and set goals for their year with the Branch.
- Clients agree to work within the boundaries of the policies and procedures covered in orientation.
- Branch15 has a curfew.
- Dating policies are in place for building healthy romantic relationships.
- Clients have a chore list in their home.
- No violence or threat of violence is acceptable.
- Random UA's are performed; positive clients are dismissed.
- Communication is necessary for healthy living in the group home.
- Attendance requirements are: church weekly, recovery weekly, Program Night weekly, Friday Night Fellowship monthly.
- Personal appearance is modest for a group living home.

The information contained in this application is correct to the best of my knowledge. I understand that making false statements or being untruthful at any time will result in termination of Branch15 services.

Signature _____

Date _____

**Please return applications to tgordineer@branch15.org or
PO BOX 1817, Bethany, OK 73008**